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APPLICANTS

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NONE AB

** CONTINUING DATA *****

YES-AB

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Verified and Acknowledged	Examiner's Signature: <i>[Signature]</i> Initials: <i>AB</i>				

ADDRESS

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TITLE

Method and apparatus for correcting white balance, method for correcting density and a recording medium on which a program for carrying out the methods is recorded

FILING FEE RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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